

8/236402		S DEPARTMENT OF COMMER(demark Office DNER OF PATENTS AND TRADEMARKS on, D.C. 20231	
APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
			,

EXAMINER ART UNIT PAPER NUMBER 36

DATE MAILED:

INTERVIEW SUMMARY

All participants (applicant, applicant's representative, PTO personnel):		
1) tred Rabin	(3)	
Minaidiall) PTD	(4)	
(2) 170 Coggetta 110	-	
Date of Interview	·	
Type: Telephonic Personal (copy is given to applicant applicant	applicant's representative).	:
Exhibit shown or demonstration conducted: \square Yes \square No \square If yes, brief	description:	· .
	<u>/</u>	
Agreement was reached. was not reached.	•	a.*
Agreement was readined. 45 was not readined.		
Claim(s) discussed:		
Identification of prior an discussed:		
		,
	was a series of the seminants EUP &	n lamed
Description of the general nature of what was agreed to if an agreement	ed Oppresection is.	being
ret electh. Once all pro	per T. D. have &	eenfiled
and accepted the OPP r	ejection will be	withdraw
and the application filewor	th the appropriate	inter-
(A fuller description, if necessary, and a copy or the amendments, if avail	liable, which the examiner agreed would render the	claims allowable
must be attached. Also, where no copy of the amendments which would attached.)	Terider We claims allowable is available, a summar	y moroor made be
1. It is not necessary for applicant to provide a separate record of the		
Unless the paragraph above has been checked to indicate to the contral IS NOT WAIVED AND MUST INCLUDE THE SUBSTANCE OF THE INT action has are ready been filed, APPLICANT IS GIVEN ONE MONTH FI SUBSTANCE OF THE INTERVIEW.	ROM THIS INTERVIEW DATE TO FILE A STATEME	ENT OF THE
 Since the Examiner's interview summary above (including any attrejections and requir ments that may be present in the last Office is considered to fulfill the response requirements of the last Office the Interview unless box 1 above is also checked. 	action, and since the claims are now allowable, this	completed form

Examiner Note: You must sign this form unless it is an attachment to another form.

FORM PTOL-413 (REV.1-96)